

# COUNTY OF SALEM'S CRUSADER AWARD

## NOMINATION FORM

Award category applying for:

☐ Citizenship Award                      ☐ Community Service Award

INSTRUCTIONS: Please submit this form together with a detailed statement describing the nominee's contribution in serving the special needs population within the County of Salem. For business, corporations, or organizations include building accessibility, or employment of persons with disabilities and any special equipment or services provided. For individuals include names of organizations for which the nominee provided leadership, dedication or service, and length of service.

Please attach any supporting information, such as newspaper articles, other awards, testimonials or historical data.

NAME OF NOMINEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON(if business or organization): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_(business)                      \_\_\_\_\_(work)

Nominator's Name: \_\_\_\_\_

Title and Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

What is your connection (if any) with the nominee? \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed nomination forms to:

**COUNTY OF SALEM  
OFFICE OF DISABILITY SERVICES  
98 MARKET STREET  
SALEM, NEW JERSEY 08079**

**Deadline: September 19, 2016**